



ATTENTION:
Allwell from Peach State Health Plan Medicare Prior Authorization Updates

Allwell from Peach State Health Plan requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all products offered by Allwell from Peach State Health Plan.

Allwell from Peach State Health Plan is committed to delivering cost effective quality care our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria.

It is the ordering/prescribing provider’s responsibility to determine which specific codes require prior authorization.

Effective January 1st, 2020, Prior Authorization will be required for the following services:

Procedure Code Prior Auth. Additions	Procedure Description
31661	BRONCH THERMOPLSTY 2/> LOBES
C1813	PROSTHESIS, PENILE, INFLATABLE
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE, HIGH FREQUENCY, WITH RECHARGEABLE BATT AND CHARGING SYSTEM)
C2622	PROSTHESIS, PENILE, NON-INFLATABLE
J9145	INJECTION DARATUMUMAB 10 MG (WILL BE ADDED UNDER PART B DRUG LIST)
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG (WILL BE ADDED UNDER PART B DRUG LIST)

In addition, prior authorization requirements have been updated or removed for the following services:

Procedure Code Prior Auth. Removals	Procedure Description
40812	EXC LES-MUCOS/SUBMUCOSA-MOUTH; W/SIMPL REPR
92611	MOTION FLUROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING
A4357	BDSB DRBG DAY/NIGHT W/WO TUB/ANTIREFLUX EACH
A6550	DRSSNG SET/NEG PRESS WOUND THRPY ELEC PUMP/STAT OR PORTABLE
B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE
K0001	STANDARD WHEELCHAIR
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS) WITH REPROGRAMMING AND REFILL.



2020 Step Therapy Part B Drugs			
Procedure Code	Procedure Description		
C9050	EMAPALUMAB-LZSG	J2323	NATALIZUMAB INJECTION
J0129	ABATACEPT INJECTION	J2350	OCRELIZUMAB, 1 MG
J0178	AFLIBERCEPT INJECTION	J2353	OCTREOTIDE INJECTION, DEPOT
J0584	BUROSUMAB-TWZA 1M	J2357	OMALIZUMAB INJECTION
J0585	ONABOTULINUMTOXINA	J2503	PEGAPTANIB SODIUM INJECTION
J0604	CINACALCET, ESRD ON DIALYSIS	J2778	RANIBIZUMAB INJECTION
J0717	CERTOLIZUMAB PEGOL INJ 1MG	J3262	TOCILIZUMAB, 1 MG
J0800	CORTICOTROPIN INJECTION	J3304	TRIAMCINOLONE ACE XR 1MG
J0897	DENOSUMAB INJECTION	J3357	USTEKINUMAB SUB CU 1 MG
J1300	ECULIZUMAB INJECTION	J3380	VEDOLIZUMAB
J1428	ETEPLIRSEN, 10 MG	J3396	VERTEPORFIN INJECTION
J1459	IVIG PRIVIGEN 500 MG	J7189	FACTOR VIIA
J1555	CUVITRU, 100 MG	J7318	DUROLANE 1 MG
J1556	IMM GLOB BIVIGAM, 500MG	J7320	GENVISC 850, 1MG
J1557	GAMMAPLEX INJECTION	J7321	HYALGAN SUPARTZ VISCO-3 DOSE
J1559	HIZENTRA INJECTION	J7322	HYMOVIS INJECTION 1 MG
J1561	GAMUNEX-C/GAMMAKED	J7323	EUFLEXXA INJ PER DOSE
J1566	IMMUNE GLOBULIN, POWDER	J7324	ORTHOVISC INJ PER DOSE
J1568	OCTAGAM INJECTION	J7325	SYNVISC OR SYNVISC-ONE
J1569	GAMMAGARD LIQUID INJECTION	J7326	GEL-ONE



J1572	FLEBOGAMMA INJECTION	J7327	MONOVISC INJ PER DOSE
J1575	HYQVIA 100MG IMMUNEGLOBULIN	J7328	GELSYN-3 INJECTION 0.1 MG
J1599	IVIG NON-LYOPHILIZED, NOS	J7329	TRIVISC 1 MG
J1602	GOLIMUMAB FOR IV USE 1MG	J9022	ATEZOLIZUMAB,10 MG
J1745	INFLIXIMAB (REMICADE)	J9145	INJECTION DARATUMUMAB 10 MG
J1930	LANREOTIDE INJECTION	J9173	DURVALUMAB, 10 MG
J2323	NATALIZUMAB INJECTION	J9176	ELOTUZUMAB, 1MG
J2350	OCRELIZUMAB, 1 MG	J9308	RAMUCIRUMAB
J2353	OCTREOTIDE INJECTION, DEPOT	J9311	RITUXIMAB, HYALURONIDASE
J2357	OMALIZUMAB INJECTION	J9355	TRASTUZUMAB INJECTION
J2503	PEGAPTANIB SODIUM INJECTION	Q2043	SIPULEUCEL-T AUTO CD54+
J2778	RANIBIZUMAB INJECTION	Q5103	INFLIXIMAB (INFLECTRA)
J3262	TOCILIZUMAB, 1 MG	Q5104	INFLIXIMAB (RENFLEXIS)
J3304	TRIAMCINOLONE ACE XR 1MG	J7327	MONOVISC INJ PER DOSE
J3357	USTEKINUMAB SUB CU 1 MG	J7328	GELSYN-3 INJECTION 0.1 MG
J3380	VEDOLIZUMAB	J7329	TRIVISC 1 MG
J3396	VERTEPORFIN INJECTION	J9022	ATEZOLIZUMAB,10 MG
J7189	FACTOR VIIA	J9145	INJECTION DARATUMUMAB 10 MG
J7318	DUROLANE 1 MG	J9173	DURVALUMAB, 10 MG
J7320	GENVISC 850, 1MG	J9176	ELOTUZUMAB, 1MG
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	J9308	RAMUCIRUMAB
J7322	HYMOVIS INJECTION 1 MG	J9311	RITUXIMAB, HYALURONIDASE
J7323	EUFLEXXA INJ PER DOSE	J7325	SYNVISC OR SYNVISC-ONE
J7324	ORTHOVISC INJ PER DOSE	J7326	GEL-ONE



All Part B Bio-pharmacy Procedures/Treatments requiring Prior Authorization:

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. **NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.**

Green indicates 2020 Additions. Red indicates 2020 deletions.

Procedure Code	Procedure Description	Procedure Code	Procedure Description
C9050	EMAPALUMAB-LZSG	J3380	VEDOLIZUMAB
J0129	ABATACEPT INJECTION	J3396	VERTEPORFIN INJECTION
J0178	AFLIBERCEPT INJECTION	J7189	FACTOR VIIA
J0584	BUROSUMAB-TWZA 1M	J7318	DUROLANE 1 MG
J0585	ONABOTULINUMTOXINA	J7320	GENVISC 850, 1MG
J0604	CINACALCET, ESRD ON DIALYSIS	J7321	HYALGAN SUPARTZ VISCO-3 DOSE
J0717	CERTOLIZUMAB PEGOL INJ 1MG	J7322	HYMOVIS INJECTION 1 MG
J0800	CORTICOTROPIN INJECTION	J7323	EUFLEXXA INJ PER DOSE
J0897	DENOSUMAB INJECTION	J7324	ORTHOVISC INJ PER DOSE
J1300	ECULIZUMAB INJECTION	J7325	SYNVISC OR SYNVISC-ONE
J1428	ETEPLIRSEN, 10 MG	J7326	GEL-ONE
J1459	IVIG PRIVIGEN 500 MG	J7327	MONOVISC INJ PER DOSE
J1555	CUVITRU, 100 MG	J7328	GELSYN-3 INJECTION 0.1 MG
J1556	IMM GLOB BIVIGAM, 500MG	J7329	TRIVISC 1 MG
J1557	GAMMAPLEX INJECTION	J9022	ATEZOLIZUMAB,10 MG
J1559	HIZENTRA INJECTION	J9145	INJECTION DARATUMUMAB 10 MG
J1561	GAMUNEX-C/GAMMAKED	J9173	DURVALUMAB, 10 MG
J1566	IMMUNE GLOBULIN, POWDER	J9176	ELOTUZUMAB, 1MG
J1568	OCTAGAM INJECTION	J9308	RAMUCIRUMAB
J1569	GAMMAGARD LIQUID INJECTION	J9311	RITUXIMAB, HYALURONIDASE
J1572	FLEBOGAMMA INJECTION	J9355	TRASTUZUMAB INJECTION
J1575	HYQVIA 100MG IMMUNEGLOBULIN	Q2041	AXICABTAGENE CILOLEUCEL CAR+
J1599	IVIG NON-LYOPHILIZED, NOS	Q2042	TISAGENLECLEUCEL CAR-POS T
J1602	GOLIMUMAB FOR IV USE 1MG	Q2043	SIPULEUCEL-T AUTO CD54+
J1745	INFLIXIMAB (REMICADE)	Q5103	INFLIXIMAB (INFLECTRA)
J1930	LANREOTIDE INJECTION	Q5104	INFLIXIMAB (RENFLEXIS)
J2323	NATALIZUMAB INJECTION	J2503	PEGAPTANIB SODIUM INJECTION
J2350	OCRELIZUMAB, 1 MG	J2778	RANIBIZUMAB INJECTION
J2353	OCTREOTIDE INJECTION, DEPOT	J3262	TOCILIZUMAB, 1 MG
J2357	OMALIZUMAB INJECTION	J3304	TRIAMCINOLONE ACE XR 1MG
A9513	LUTETIUM LU 177 DOTATAT THER	J3357	USTEKINUMAB SUB CU 1 MG
C9035	ARISTADA INITIO	J1628	GUSELKUMAB, 1 MG
J0490	BELIMUMAB INJECTION	J1640	HEMIN, 1 MG
J0517	BENRALIZUMAB, 1 MG	J1645	DALTEPARIN SODIUM
J0567	CERLIPONASE ALFA 1 MG	J1652	FONDAPARINUX SODIUM
J0570	BUPRENORPHINE IMPLANT 74.2MG	J1675	HISTRELIN ACETATE
J0586	ABOBOTULINUMTOXINA	J1743	IDURSULFASE INJECTION
J0587	RIMABOTULINUMTOXINB	J1744	ICATIBANT INJECTION
J0588	INCOBOTULINUMTOXIN A	J1746	IBALIZUMAB-UIYK, 10 MG



J0593	LANADELUMAB-FLYO, 1 MG	J1786	IMUGLUCERASE INJECTION
J0598	C-1 ESTERASE, CINRYZE	J1817	INSULIN FOR INSULIN PUMP USE
J0599	HAEGARDA 10 UNITS	J1825	INTERFERON BETA-1A, 33 MCG
J0606	ETELCALCETIDE, 0.1 MG	J1931	LARONIDASE INJECTION
J0630	CALCITONIN SALMON INJECTION	J1950	LEUPROLIDE ACETATE /3.75 MG
J0638	CANAKINUMAB INJECTION	J2170	MECASERMIN INJECTION
J0641	LEVOLEUCOVORIN INJECTION	J2182	MEPOLIZUMAB, 1MG
J0718	CERTOLIZUMAB PEGOL INJ	J2212	METHYLNALTREXONE INJECTION
J0775	COLLAGENASE, CLOST HIST INJ	J2315	NALTREXONE, DEPOT FORM
J0881	DARBEPOETIN ALFA, NON-ESRD	J2326	NUSINERSEN, 0.1MG
J0882	DARBEPOETIN ALFA, ESRD USE	J2354	OCTREOTIDE NON-DEPOT
J0885	EPOETIN ALFA, NON-ESRD	J2355	OPRELVEKIN INJECTION
J0886	EPOETIN ALFA 1000 UNITS ESRD	J2440	PAPAVERIN HCL INJECTION
J0888	EPOETIN BETA NON ESRD	J2505	PEGFILGRASTIM 6MG
J0894	DECITABINE INJECTION	J2507	PEGLOTICASE INJECTION
J1110	DIHYDROERGOTAMINE MESYLT	J2562	PLERIXAFOR INJECTION
J1190	DEXRAZOXANE HCL INJECTION	J2783	RASBURICASE
J1301	EDARAVONE, 1 MG	J2786	RESLIZUMAB, 1MG
J1324	ENFUVRTIDE INJECTION	J2793	RILONACEPT INJECTION
J1438	ETANERCEPT INJECTION	J2796	ROMIPLOSTIM INJECTION
J1439	FERRIC CARBOXYMALTOS 1MG	J2797	ROLAPITANT, 0.5 MG
J1442	FILGRASTIM EXCL BIOSIMIL	J2820	SARGRAMOSTIM INJECTION
J1443	FERRIC PYROPHOSPHATE CIT	J2840	SEBELIPASE ALFA 1 MG
J1447	TBO FILGRASTIM 1 MICROG	J2940	SOMATREM INJECTION
J1454	FOSNETUPITANT, PALONASET	J2941	SOMATROPIN INJECTION
J1458	GALSULFASE INJECTION	J3030	SUMATRIPTAN SUCCINATE / 6 MG
J1562	VIVAGLOBIN, INJ	J3095	TELAVANCIN INJECTION
J1595	GLATIRAMER ACETATE	J3110	TERIPARATIDE INJECTION
J1610	GLUCAGON HYDROCHLORIDE/1 MG	J3111	ROMOSUZUMAB-AQQG 1 MG
J1627	GRANISETRON, XR, 0.1 MG	J7208	JIVI 1 IU
J3140	TESTOSTERONE SUSPENSION INJ	J7209	FACTOR VIII NUWIQ RECOMB 1IU
J3240	THYROTROPIN INJECTION	J7311	FLUOCINOLONE ACETONIDE IMPLT
J3245	TILDRAKIZUMAB, 1 MG	J7312	DEXAMETHASONE INTRA IMPLANT
J3285	TREPROSTINIL INJECTION	J7313	FLUOCINOL ACET INTRAVIT IMP
J3315	TRIPTORELIN PAMOATE	J7314	YUTIQ, 0.01 MG
J3316	TRIPTORELIN XR 3.75 MG	J7331	SYNOJOYNT, 1 MG
J3385	VELAGLUCERASE ALFA	J7332	TRILURON, 1 MG
J3397	VESTRONIDASE ALFA-VJBK	J7401	MOMETASONE FUROATE SINUS IMP
J3398	LUXTURNA 1 BILLION VEC G	J7518	MYCOPHENOLIC ACID
J3591	ESRD ON DIALYSI DRUG/BIO NOC	J7527	ORAL EVEROLIMUS
J7170	EMICIZUMAB-KXWH 0.5 MG	J7639	DORNASE ALFA NON-COMP UNIT
J7175	FACTOR X, (HUMAN), 1IU	J7677	REVEFENACIN INH NON-COM 1MCG
J7177	FIBRYGA, 1 MG	J7686	TREPROSTINIL, NON-COMP UNIT
J7179	VONVENDI INJ 1 IU VWF:RCO	J7799	NON-INHALATION DRUG FOR DME
J7180	FACTOR XIII ANTI-HEM FACTOR	J8501	ORAL APREPITANT



J7181	FACTOR XIII RECOMB A-SUBUNIT	J8565	GEFITINIB ORAL
J7182	FACTOR VIII RECOMB NOVOEIGHT	J8650	NABILONE ORAL
J7183	WILATE INJECTION	J8705	TOPOTECAN ORAL
J7185	XYNTHA INJ	J9010	ALEMTUZUMAB INJECTION
J7186	ANTIHEMOPHILIC VIII/WWF COMP	J9015	ALDESLEUKIN INJECTION
J7187	HUMATE-P, INJ	J9017	ARSENIC TRIOXIDE INJECTION
J7188	FACTOR VIII RECOMB OBIZUR	J9019	ERWINAZE INJECTION
J7190	FACTOR VIII	J9023	AVELUMAB, 10 MG
J7191	FACTOR VIII (PORCINE)	J9025	AZACITIDINE INJECTION
J7192	FACTOR VIII RECOMBINANT NOS	J9027	CLOFARABINE INJECTION
J7193	FACTOR IX NON-RECOMBINANT	J9030	BCG LIVE INTRAVESICAL 1MG
J7194	FACTOR IX COMPLEX	J9034	BENDEKA 1 MG
J7195	FACTOR IX RECOMBINANT NOS	J9035	BEVACIZUMAB INJECTION
J7196	ANTITHROMBIN RECOMBINANT	J9036	BELRAPZO/BENDAMUSTINE
J7197	ANTITHROMBIN III INJECTION	J9039	BLINATUMOMAB
J7198	ANTI-INHIBITOR	J9041	VELCADE 0.1 MG
J7199	HEMOPHILIA CLOT FACTOR NOC	J9042	BRENTUXIMAB VEDOTIN INJ
J7200	FACTOR IX RECOMBINAN RIXUBIS	J9043	CABAZITAXEL INJECTION
J7201	FACTOR IX ALPROLIX RECOMB	J9044	BORTEZOMIB, NOS, 0.1 MG
J7202	FACTOR IX IDELVION INJ	J9047	CARFILZOMIB, 1 MG
J7203	FACTOR IX RECOMB GLY REBINYN	J9055	CETUXIMAB INJECTION
J7207	FACTOR VIII PEGYLATED RECOMB	Q0162	ONDANSETRON ORAL
J9057	COPANLISIB, 1 MG	Q0515	SERMORELIN ACETATE INJECTION
J9118	CALASPARGASE PEGOL-MKNL	Q2026	RADIESSE INJECTION
J9153	DAUNORUBICIN, CYTARABINE	Q2027	SCULPTRA INJECTION
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	Q2028	SCULPTRA, 0.5MG
J9205	IRINOTECAN LIPOSOME 1 MG	Q2040	TISAGENLECLEUCEL CAR-POS T
J9212	INTERFERON ALFACON-1 INJ	Q2044	BELIMUMAB INJECTION
J9213	INTERFERON ALFA-2A INJ	Q2050	DOXORUBICIN INJ 10MG
J9214	INTERFERON ALFA-2B INJ	Q3025	IM INJ INTERFERON BETA 1-A
J9215	INTERFERON ALFA-N3 INJ	Q3026	SUBC INJ INTERFERON BETA-1A
J9216	INTERFERON GAMMA 1-B INJ	Q3027	BETA INTERFERON IM 1 MCG
J9217	LEUPROLIDE ACETATE SUSPNSION	Q4074	ILOPROST NON-COMP UNIT DOSE
J9218	LEUPROLIDE ACETATE INJECTION	Q5107	MVASI 10 MG
J9225	VANTAS IMPLANT	Q5108	FULPHILA
J9226	SUPPRELIN LA IMPLANT	Q5109	IXIFI, 10 MG
J9228	IPILIMUMAB INJECTION	Q5111	UDENYCA 0.5 MG
J9229	INOTUZUMAB OZOGAM 0.1 MG	Q5112	ONTRUZANT 10 MG
J9261	NELARABINE INJECTION	Q5113	HERZUMA 10 MG
J9262	OMACETAXINE MEP, 0.01MG	Q5114	OGIVRI 10 MG
J9264	PACLITAXEL PROTEIN BOUND	Q5115	TRUXIMA 10 MG
J9266	PEGASPARGASE INJECTION	Q5116	TRAZIMERA 10 MG
J9271	PEMBROLIZUMAB	Q5117	KANJINTI 10 MG
J9280	MITOMYCIN INJECTION	Q9991	BUPRENORPH XR 100 MG OR LESS



J9285	OLARATUMAB, 10 MG	Q9992	BUPRENORPHINE XR OVER 100 MG
J9299	NIVOLUMAB	S0145	PEG INTERFERON ALFA-2A/180
J9301	OBINUTUZUMAB INJ	S0162	EFALIZUMAB, 125 MG
J9303	PANITUMUMAB INJECTION	J9354	ADO-TRASTUZUMAB EMT 1MG
J9305	PEMETREXED INJECTION	J9356	HERCEPTIN HYLECTA, 10MG
J9306	PERTUZUMAB, 1 MG	J9395	FULVESTRANT
J9310	RITUXIMAB INJECTION	J9400	ZIV-AFLIBERCEPT, 1MG
J9312	RITUXIMAB, 10 MG	J9999	CHEMOTHERAPY DRUG
J9352	TRABECTEDIN 0.1MG	Q0138	FERUMOXYTOL, NON-ESRD

Please refer to the Allwell from Peach State Health Plan link below for guidance regarding how to obtain prior authorizations from Allwell from Peach State Health Plan.

www.allwell.pshpgeorgia.com

FREQUENTLY ASKED QUESTIONS:

How do I determine if a specific treatment requires prior authorization?

- You may determine which specific codes require prior authorization by visiting our website at allwell.pshpgeorgia.com and clicking on the Prior Auth Needed tab. The Prior Auth Needed tab will take you to our PreScreen Tool. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.

How do I request a prior authorization for these services?

- You may submit the prior authorization request utilizing our Secure Web Portal at www.allwell.pshpgeorgia.com. If your request approved, you will receive verification through the Secure Web Portal. If you are not currently registered on our Secure Web Portal, you may register through a quick and simple process.
- You may submit the prior authorization request by faxing an authorization to HMO: 1-844-890-2326; HMO SNP: 1-877-725-7748. The fax authorization form can be found on our website at www.allwell.pshpgeorgia.com
- You may call our Medical Management department at HMO: 1-844-890-2326; HMO SNP: 1-877-725-7748.

What information will I be required to submit in connection with the prior authorization request?

- CPT code
- Member information
- Diagnosis Code
- Rendering facility’s name and information
- Ordering provider information
- Related/pertinent member clinical information

If you have any questions regarding this information, you may contact Provider Services at HMO: 1-844-890-2326; HMO SNP: 1-877-725-7748 or contact your dedicated Provider Relations Specialist.